

## **BOROUGH OF WILKINSBURG**

## **CODE ENFORCEMENT DEPARTMENT**

ROOM 304 THIRD FLOOR 605 ROSS AVENUE WILKINSBURG PENNSYLVANIA 15221 PH 412-244-2923/FX 412-244-2922

## **TENANT REGISTRATION FORM**

	TR # Date Recd						
	TYPE OF REGISTRATION	ANNUAL	CHANG	E OF TENANT	СНА	ANGE OF OWNER	RSHIP
Property	Address		_ Usage: Cor	mm. Res.	П міх	ked 🗖	
Property	Owner Name	Lot & Block #					
Owner's	Address		City			_St Zip	
Phone-H	ome	_ Phone Cell _			Fax		
Email Ad	dress						
Emergen	cy/Management Contact						
Emergency/Management AddressCityStZip							
Phone-Home Phone Cell Fax							
Email Ad	dress			<u> </u>			
		PROPE	RTY INFORM	NOITAN			
# of Uni	ts Owner Oo	ccupied: Yes	No				
Unit #	Occupant Name	Осс	upation	Phone #	ı	Lease Signed	Lease Length

Please print clearly. Illegible and incomplete forms will not be accepted.

Please remit payment of \$10.00 per rental unit with this form. Check or money order made payable to the BOROUGH OF WILKINSBURG

## **TENANT REGISTRATION FORM**

(continued)

Unit #	Occupant Name	Occupation	Phone #	Lease Signed	Lease Length